

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC-45-10W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**CERTIFICATE OF DEATH**

3862

03865
51

Reg. Dist. No.

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (HOME) OF DECEASED | |
| COUNTY CITY (If outside corporate limits, write RURAL OR TOWN give nearest town) | <i>Calvert</i> <i>mutual</i> | MARYLAND LENGTH OF STAY (in this place) | STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS |
| | | <i>md</i> <i>Calvert</i> <i>mutual</i> | |
| 3. NAME OF DECEASED (Type or Print) | | 4. DATE OF DEATH | |
| (First) <i>John</i> (Middle) <i>T. J.</i> (Last) <i>Chase</i> | | (Month) <i>4</i> (Day) <i>5</i> (Year) <i>1957</i> | |
| 5. SEX <i>m</i> | 6. COLOR OR RACE <i>C</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH <i>3-26-</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Father</i> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE last birthday <i>71 yrs.</i> |
| 13. FATHER'S NAME <i>William B. Chase</i> | | 14. MOTHER'S MAIDEN NAME <i>Sarah Gross</i> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) | | 16. SOCIAL SECURITY NO. <i>220-6-8320</i> | |
| (If Yes, give war or dates of service) | | 17. INFORMANT & ADDRESS <i>Emma Chase Mutual md</i> | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | |
| 420.1 IMMEDIATE CAUSE (A) <i>CORONARY OCC/SSION</i> | | | |
| ANTECEDENT CAUSE(S) DUE TO (B) <i>Cardiovasc arteriosclerosis</i> | | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <i>(Sudden death)</i> | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) | | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) | |
| | | M. <input type="checkbox"/> at work Not white <input type="checkbox"/> F. <input type="checkbox"/> at work Not black <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 19....., to 19....., that I last saw the deceased alive on 19....., and that death occurred at 8 P.M., from the causes and on the date stated above. SIGNATURE <i>R. Williams</i> M.D. ADDRESS <i>5 Fernside, MD</i> DATE SIGNED <i>4/6/57</i> | | | |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF <i>4-4-57</i> | NAME OF CEMETERY OR CREMATORIAL <i>Brooks</i> | LOCATION (City, town, or county) <i>Soland Creek</i> (State) <i>md</i> |
| 24. REC'D BY REGISTRAR DATE <i>4-8-57</i> | REGISTRAR'S SIGNATURE <i>A.W. Ward</i> | 25. FUNERAL DIRECTOR'S SIGNATURE P.S. Connell Jr. Fred. md | |

BUREAU V. S.

APR 9 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3863

Item 2 File #215 5-17-57 et

Reg. Dist. No.

0386B

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial or removal.

| | | | | | |
|--|--|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) | |
| <i>Calvert</i> | | | | a. STATE <i>Md</i> b. COUNTY <i>Calvert</i> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Plum Pt</i> | | c. LENGTH OF STAY IN 1b | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Plum Point</i> | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <i>Nellie</i> | | d. STREET ADDRESS <i>---</i> | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) <i>H. W. Ward</i> | | First | Middle <i>H</i> | Last <i>Ward</i> | 4. DATE OF DEATH Month <i>4</i> Day <i>27</i> Year <i>1957</i> |
| 5. SEX <i>M</i> | | 6. COLOR OR RACE <i>C</i> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>Not known</i> | 9. AGE (in years last birthday) <i>77 7 yrs.</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>H.W. Ward</i> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <i>Maryland</i> | |
| 12. CITIZEN OF WHAT COUNTRY? | | | | | |
| 13. FATHER'S NAME <i>Not known</i> | | 14. MOTHER'S MAIDEN NAME <i>Not known</i> | | Address <i>Baltimore, Md 2452 Woodbrook Ave</i> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT <i>Marie Johnson</i> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>422.1</i> | | DUE TO <i>Cardio vascular disease</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>4 yrs</i> | |
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Found dead in bed</i> | | DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Found dead in bed</i> | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>---</i> | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour <i>a.m.</i> <i>19</i> | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>Home</i> | |
| 20f. (City or town) <i>Elkton</i> (County) <i>Calvert</i> (State) <i>Md</i> | | | | | |
| 21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> <i>H. W. Ward</i> | | | | | |
| ACTUAL SIGNATURE <i>H. W. Ward</i> | | M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> | | DATE SIGNED <i>4/21/57</i> | |
| 22a. BURIAL/CREMATION REMOVAL (Specify) <i>Removal</i> | | 22b. DATE THEREOF <i>4-24-57</i> | | 22c. NAME OF CEMETERY OR CREMATORIAL <i>Plum Point</i> | |
| 22d. LOCATION (City, town, or county) <i>Calvert Md.</i> | | | | (State) | |
| 23. FUNERAL DIRECTOR'S SIGNATURE <i>P. E. Sewell. P. I. - red. Md.</i> | | ADDRESS | | 24a. REC'D BY REGISTRAR DATE <i>4-23-57</i> | |
| | | | | 24b. REGISTRAR'S SIGNATURE <i>H. W. Ward</i> | |

BUREAU V.

APR 25 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3864 CERTIFICATE OF DEATH

03867
51

Reg. Dist. No.

| | | | | | |
|---|---|--|--|---------------------------------------|---------|
| 1. PLACE OF DEATH a. COUNTY Cabret MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Cabret | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick 6 days | | c. LENGTH OF STAY IN lb | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cabret County Hospital | | e. STREET ADDRESS 12 Huntington | | | |
| e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| 3. NAME OF DECEASED (Type or print) | First F. Middle Thornton | Lost | 4. DATE OF DEATH April 16, 1957 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 7, 1883 | | |
| 9. AGE (In years lost birthday) 73 yrs. | 10. IF UNDER 1 YEAR Months 10 | 11. IF UNDER 24 HRS. Days 9 | | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self-employed Carpenter | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Cabret Co., Md | | | |
| 13. FATHER'S NAME Franklin Lyons | 14. MOTHER'S MAIDEN NAME Ade Harderty | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? No | 16. SOCIAL SECURITY NO. 213-12-4061 | 17. INFORMANT Mrs. Dorsey Libon - Huntington, Md | | | |
| Address | | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line] (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 493X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m. | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 20f. (City or town) Huntington, Md | (County) Md | (State) |
| 21. I certify that I attended the deceased from _____, 19_____, to _____, 19_____, that I last saw the deceased alive on _____, 19_____, and that death occurred at _____, M., from the causes and on the date stated above. ACTUAL SIGNATURE: <i>R. J. Miller</i> PHYSICIAN'S NAME (Type) <i>C. T. Swems</i> | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial Apr. 18, 1957 | 22b. DATE THEREOF | 22c. NAME OF CEMETERY OR CREMATORIUM Mariana Cemetery | 22d. LOCATION (City, town, or county) Huntington, Md | (State) | |
| 23. FUNERAL DIRECTOR'S SIGNATURE A. A. Harkness & Son - Mutual, Md | | ADDRESS | 24a. REC'D BY REGISTRAR DATE 4-17-57 | 24b. REGISTRAR'S SIGNATURE H. W. Ward | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be attached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU X-6

APR 18 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3865

CERTIFICATE OF DEATH

03868

Reg. Dist. No. 57

| | | | |
|--|---|---|--------------------------------|
| 1. PLACE OF DEATH a. COUNTY Cabret | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Huntingtown | | c. LENGTH OF STAY IN 1b 1 year | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | | e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Broome Island | |
| 3. NAME OF DECEASED (Type or print) Mollie | | d. STREET ADDRESS | |
| 4. DATE OF DEATH | Month Apr. | Day 21 | Year 1957 |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Mar. 11, 1871 |
| 9. AGE (In years last birthday) 86 yrs. | 10. IF UNDER 1 YEAR: IF UNDER 24 HRS. Months 0 | Days 10 | Hours 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | |
| 10c. BIRTHPLACE (State or foreign country) Cabret Co., Md | | 11. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Thomas Buckler | | 14. MOTHER'S MAIDEN NAME Susan Yallow | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. No | |
| 17. INFORMANT Mrs William Elliott - Broome Island, Md | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH | |
| Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m. | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from 4-2, 1948, to 21 April, 1957, that I last saw the deceased alive on 20 April, 1957, and that death occurred at Huntingtown, Md from the causes and on the date stated above. | | | |
| ACTUAL SIGNATURE G. J. Weems | | ADDRESS (Street, city or town, state) Huntingtown, Md DATE SIGNED 4/23/57 | |
| PHYSICIAN'S NAME (Type) G. J. Weems | | 22d. LOCATION (City, town, or county) (State) | |
| 22e. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF Apr. 24, 1957 | |
| 22c. NAME OF CEMETERY OR CREMATORIUM Broome Island Cem. | | 22d. LOCATION (City, town, or county) (State) Broome Island, Md | |
| 23. FUNERAL DIRECTOR'S SIGNATURE A. J. Harkness & Son - Mutual, Md | | 24a. REC'D BY REGISTRAR DATE 4-23-57 | |
| | | 24b. REGISTRAR'S SIGNATURE H. W. Ward | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be attached for use as the burial-trust permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU U. S.

03 05 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03869
51

CERTIFICATE OF DEATH

Reg. Dist. No.

| | | | | | | | | |
|---|----------------------------------|---|---|--|--|--|-------------------|----------------------------|
| 1. PLACE OF DEATH a. COUNTY <i>Calvert</i> | | MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i> | | b. COUNTY <i>Calvert</i> | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Owings Frederick</i> | | c. LENGTH OF STAY IN lb <i>1 hr.</i> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rock Creek Beach</i> | | d. STREET ADDRESS <i>1</i> | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Calvert County Hospital</i> | | | | | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) <i>DAISY</i> | | First | Middle | Last | 4. DATE OF DEATH <i>WILLETT</i> | Month | Day | Year |
| S. SEX <i>Female</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | B. DATE OF BIRTH <i>Aug. 29 1875</i> | 9. AGE (in years less birthday) <i>81</i> | IF UNDER 1 YEAR Months <i>0</i> | IF UNDER 24 HRS. Days <i>0</i> | Hours <i>0</i> | Min. <i>0</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i> | | 11. BIRTHPLACE (State or foreign country) <i>Virginia</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | | |
| 13. FATHER'S NAME <i>Charles A. Slaughter</i> | | 14. MOTHER'S MAIDEN NAME <i>Alice Talley</i> | | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) <i>No</i> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT <i>Catherine Byrd</i> | | Address <i>Washington D.C.</i> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ashley Talley probably developed a tumor</i> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <i>4 weeks</i> | | |
| 422.1 Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. <i>(b)</i> | | DUE TO <i>Acting selective C.V. disease</i> | (c) | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Cardiac asthma.</i> | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <i>19</i> | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) <i>Washington D. C.</i> | | (County) <i>(State)</i> |
| 21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, M, from the causes and on the date stated above. ACTUAL SIGNATURE <i>Page C. Jett</i> | | | | | | ADDRESS (Street, city or town, state) <i>Frederick, Md.</i> | | DATE SIGNED <i>4/26</i> |
| PHYSICIAN'S NAME (Type) <i>Page C. Jett</i> | | M.D. | | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 22b. DATE THEREOF <i>4/29/57</i> | | 22c. NAME OF CEMETERY OR CREMATORIUM <i>Rock Creek Cemetery</i> | | 22d. LOCATION (City, town, or county) <i>Washington D. C.</i> | | (State) |
| 23. FUNERAL DIRECTOR'S SIGNATURE <i>F. Gasch's Sons Hyattsville Md.</i> | | ADDRESS | | 24a. REC'D BY REGISTRAR <i>DR 30 1957</i> | | 24b. REGISTRAR'S SIGNATURE <i>Hugh Hardy</i> | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be forwarded for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
1SM 9/55

CERTIFICATE OF AGENT

SEARCHED

INDEXED

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BUREAU V. S.

APR 30 1957

RECEIVED